

## **NOTICE OF INDEPENDENT REVIEW DECISION - REVISION**

**Date:** July 24, 2003

**RE: MDR Tracking #:** M2-03-1363-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant is treated for chronic neck pain reportedly related to a compensable work injury of \_\_\_\_\_. MRI report indicates diffuse degenerative disc disease and spondylosis of the cervical spine. An EMG/NCV report of 8/23/99 indicates evidence of chronic left C6/7 radiculopathy. The claimant was doing well until March 2003 when recurrent neck pain is documented.

### **Requested Service(s)**

Cervical epidural steroid injection

### **Decision**

I concur with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

There is no documentation of any significant change in neurologic status. Specifically there is no documentation of recent EMG/NCV studies to indicate any acute process. The claimant does not exhibit an abnormal neurologic exam and there is no objective evidence of acute radicular process at this time. Generally, an acute radicular process is verified by objective studies such as EMG/NCV to specifically identify the pain generator site and confirm a clinical suspicion of

acute radiculopathy. A study such as this would be indicated prior to proceeding with any invasive procedure.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.